

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| TOTAL IND. | 9 | | | | | |
| TOTAL DEP. | 210 | | | | | |
| TOTAL CLAIMS | 219 | | | | | |

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| TOTAL IND. | | | | | | |
| TOTAL DEP. | 410 | | | | | |
| TOTAL CLAIMS | 419 | | | | | |